

**EXHIBIT A**

**ARTICLES OF INCORPORATION**

|   |   |   |
|---|---|---|
| Form <b>BCA-2.10</b><br>(Rev. Jan. 1999)<br>Jesse White<br>Secretary of State<br>Department of Business Services<br>Springfield, IL 62756<br><a href="http://www.sos.state.il.us">http://www.sos.state.il.us</a><br>Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State." | This space for use by Secretary of State<br><div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> OCT 3 - 2001<br>JESSE WHITE<br>SECRETARY OF STATE | <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; margin-bottom: 10px;">SUBMIT IN DUPLICATE!</div> This space for use by Secretary of State<br>Date <u>10-3-01</u><br>Franchise Tax \$ <u>25.</u><br>Filing Fee \$ <u>75.</u><br>Approved: <u>100.-</u> |
|---|---|---|

1. CORPORATE NAME. Two Square Enterprises, Inc.

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: Brian L. Shaw

|                          |                |           |
|--------------------------|----------------|-----------|
| First Name               | Middle Initial | Last name |
| 1144 W. Fulton St., #200 |                |           |
| Number                   | Street         | Suite #   |
| Chicago                  | IL Cook        | 60607     |
| City                     | County         | Zip Code  |

3. Purpose or purposes for which the corporation is organized:  
 (If not sufficient space to cover this point, add one or more sheets of this size.)  
 The transaction of any or all lawful business for which corporations can be incorporated under the Illinois Business Corporation Act.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

| Class             | Par Value per Share | Number of Shares Authorized | Number of Shares Proposed to be Issued | Consideration to be Received Therefor |
|-------------------|---------------------|-----------------------------|--|---------------------------------------|
| COMMON            | \$                  | 1,000,000.0000              | 1,000.0000                             | \$ 1,000.00                           |
|                   |                     |                             |  |                                       |
|                   |                     |                             |  |                                       |
| <b>TOTAL = \$</b> |                     |                             |  | <b>1,000.00</b>                       |

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

NONE

(over)

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: \_\_\_\_\_  
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

| Name | Residential Address | City, State, ZIP |
|------|---------------------|------------------|
|      |                     |                  |
|      |                     |                  |
|      |                     |                  |

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_


7. **OPTIONAL: OTHER PROVISIONS**

Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated September 28, 2001  
 (Month & Day) Year

| Signature and Name   | Address  |
|--|--|
| 1. <br>Signature<br>Brian L. Shaw<br>(Type or Print Name) | 1. 1144 W. Fulton St., #200<br>Street<br>Chicago, IL 60607<br>City/Town State ZIP Code |
| 2. _____<br>Signature<br>(Type or Print Name)  | 2. _____<br>Street<br>City/Town State ZIP Code   |
| 3. _____<br>Signature<br>(Type or Print Name)  | 3. _____<br>Street<br>City/Town State ZIP Code   |

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

**FEE SCHEDULE**

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
  - The filing fee is \$75.
  - The minimum total due (franchise tax + filing fee) is \$100.  
 (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
  - The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.
- Illinois Secretary of State Springfield, IL 62756  
 Department of Business Services Telephone (217) 782-9522 or 782-9523

C-162.20

TWO SQUARE INC  
% CAMERON CHRISTO  
600 S DEARBORN ST 309  
CHICAGO IL 60605

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 36-4471608. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/2002

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

Please use the label IRS provided when filing tax documents. Use FTD coupons when making FTD payments. If that isn't possible, use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

TWO SQUARE INC  
% CAMERON CHRISTO  
600 S DEARBORN ST 309  
CHICAGO IL 60605

If this information isn't correct, please correct it using the bottom part of this notice. Return it to the address shown so we can correct your account.

Note: If you change your corporation to a S corporation, you must file Form 2553, Election by a Small Business Corporation.

Note: If you change your business to a corporation, you may need to file Form 8832, Entity Classification Election. See the form's instructions to determine if you're required to file.

Keep this part for your records.

CP 575 A (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0950504287

Your Telephone Number Best Time to Call  
( )

DATE OF THIS NOTICE: 10-12-2001  
EMPLOYER IDENTIFICATION NUMBER: 36-4471608  
FORM: SS-4

INTERNAL REVENUE SERVICE  
KANSAS CITY MO 64999

TWO SQUARE INC  
% CAMERON CHRISTO  
600 S DEARBORN ST 309  
CHICAGO IL 60605